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CS/CS/HB 1093

2013 Legislature

1
2 An act relating to volunteer health services; amending
3 ss. 458.317 and 459.0075, F.S.; revising criteria
4 required for limited licensure for physicians;
5 amending s. 766.1115, F.S.; revising requirements for
6 patient referral under the "Access to Health Care
7 Act"; eliminating a requirement that the governmental
8 contractor approve all followup or hospital care;
9 requiring the Department of Health to post specified
10 information online concerning volunteer providers;
11 permitting volunteer providers to earn continuing
12 education credit for participation in the program up
13 to a specified amount; providing that rules adopted by
14 the department give providers the greatest flexibility
15 possible in order to serve eligible patients;
16 providing an effective date.

17
18 Be It Enacted by the Legislature of the State of Florida:

19
20 Section 1. Paragraphs (c) through (e) of subsection (1) of
21 section 458.317, Florida Statutes, are redesignated as
22 paragraphs (b) through (d), respectively, and present paragraphs
23 (a) and (b) of that subsection are amended, to read:

24 458.317 Limited licenses.—

25 (1) (a) Any person desiring to obtain a limited license
26 shall:

27 ~~1. Submit to the board, with an application and fee not to~~
28 ~~exceed \$300 and demonstrate, an affidavit stating that he or she~~

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29 | has been licensed to practice medicine in any jurisdiction in
30 | the United States for at least 10 years and intends to practice
31 | only pursuant to the restrictions of a limited license granted
32 | pursuant to this section. However, a physician who is not fully
33 | retired in all jurisdictions may use a limited license only for
34 | noncompensated practice. If the person applying for a limited
35 | license submits a ~~notarized~~ statement from the employing agency
36 | or institution stating that he or she will not receive
37 | compensation for any service involving the practice of medicine,
38 | the application fee and all licensure fees shall be waived.
39 | However, any person who receives a waiver of fees for a limited
40 | license shall pay such fees if the person receives compensation
41 | for the practice of medicine.

42 | ~~2. Meet the requirements in s. 458.311(1)(b)-(g) and (5).~~
43 | ~~If the applicant graduated from medical school prior to 1946,~~
44 | ~~the board or its appropriate committee may accept military~~
45 | ~~medical training or medical experience as a substitute for the~~
46 | ~~approved 1-year residency requirement in s. 458.311(1)(f).~~

47 | ~~(b) After approval of an application under this section,~~
48 | ~~no license shall be issued until the applicant provides to the~~
49 | ~~board an affidavit that there have been no substantial changes~~
50 | ~~in status since initial application.~~

51 |
52 | Nothing herein limits in any way any policy by the board,
53 | otherwise authorized by law, to grant licenses to physicians
54 | duly licensed in other states under conditions less restrictive
55 | than the requirements of this section. Notwithstanding the other
56 | provisions of this section, the board may refuse to authorize a

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57 | physician otherwise qualified to practice in the employ of any
58 | agency or institution otherwise qualified if the agency or
59 | institution has caused or permitted violations of the provisions
60 | of this chapter which it knew or should have known were
61 | occurring.

62 | Section 2. Subsection (7) of section 459.0075, Florida
63 | Statutes, is renumbered as subsection (6), and present
64 | subsections (1) and (6) of that section are amended, to read:

65 | 459.0075 Limited licenses.—

66 | (1) Any person desiring to obtain a limited license shall:

67 | (a) Submit to the board a licensure application and fee
68 | required by this chapter. However, an osteopathic physician who
69 | is not fully retired in all jurisdictions may use a limited
70 | license only for noncompensated practice. If the person applying
71 | for a limited license submits a ~~notarized~~ statement from the
72 | employing agency or institution stating that she or he will not
73 | receive monetary compensation for any service involving the
74 | practice of osteopathic medicine, the application fee and all
75 | licensure fees shall be waived. However, any person who receives
76 | a waiver of fees for a limited license shall pay such fees if
77 | the person receives compensation for the practice of osteopathic
78 | medicine.

79 | (b) Submit proof ~~an affidavit~~ that such osteopathic
80 | physician has been licensed to practice osteopathic medicine in
81 | any jurisdiction in the United States in good standing and
82 | pursuant to law for at least 10 years.

83 | (c) Complete an amount of continuing education established
84 | by the board.

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85 ~~(d) Within 60 days after receipt of an application for a~~
86 ~~limited license, the board shall review the application and~~
87 ~~issue the limited license or notify the applicant of denial.~~

88 ~~(6) Any person desiring a limited license shall meet all~~
89 ~~the requirements of s. 459.0055, except s. 459.0055(1)(d).~~

90 Section 3. Subsections (10) and (11) of section 766.1115,
91 Florida Statutes, are renumbered as sections (11) and (12),
92 respectively, a new subsection (10) is added to that section,
93 and paragraphs (d), (f), and (g) of subsection (4) and present
94 subsections (8) and (10) of that section are amended, to read:

95 766.1115 Health care providers; creation of agency
96 relationship with governmental contractors.—

97 (4) CONTRACT REQUIREMENTS.—A health care provider that
98 executes a contract with a governmental contractor to deliver
99 health care services on or after April 17, 1992, as an agent of
100 the governmental contractor is an agent for purposes of s.
101 768.28(9), while acting within the scope of duties under the
102 contract, if the contract complies with the requirements of this
103 section and regardless of whether the individual treated is
104 later found to be ineligible. A health care provider under
105 contract with the state may not be named as a defendant in any
106 action arising out of medical care or treatment provided on or
107 after April 17, 1992, under contracts entered into under this
108 section. The contract must provide that:

109 (d) Patient selection and initial referral must be made
110 ~~solely~~ solely by the governmental contractor or the provider, ~~and the~~
111 ~~provider must accept all referred patients. However, the number~~
112 ~~of patients that must be accepted may be limited by the~~

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113 ~~contract, and~~ Patients may not be transferred to the provider
114 based on a violation of the antidumping provisions of the
115 Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget
116 Reconciliation Act of 1990, or chapter 395.

117 ~~(f) Patient care, including any followup or hospital care,~~
118 ~~is subject to approval by the governmental contractor.~~

119 (f)(g) The provider is subject to supervision and regular
120 inspection by the governmental contractor.

121
122 A governmental contractor that is also a health care provider is
123 not required to enter into a contract under this section with
124 respect to the health care services delivered by its employees.

125 (8) REPORTING REPORT TO THE LEGISLATURE.-

126 (a) Annually, the department shall report to the President
127 of the Senate, the Speaker of the House of Representatives, and
128 the minority leaders and relevant substantive committee
129 chairpersons of both houses, summarizing the efficacy of access
130 and treatment outcomes with respect to providing health care
131 services for low-income persons pursuant to this section.

132 (b) The department shall provide an online listing of all
133 providers participating in this program and the number of
134 volunteer service hours and patient visits each provided. A
135 provider may request in writing to the department to be excluded
136 from the online listing.

137 (10) CONTINUING EDUCATION CREDIT.-Notwithstanding the
138 maximum allowable credit of 25 percent of continuing education
139 hours pursuant to s. 456.013(9), a provider may fulfill 1 hour
140 of continuing education credit by performing 1 hour of volunteer

141 services to the indigent as provided in this section, up to a
 142 maximum of 8 continuing education hours per licensure renewal
 143 period.

144 ~~(11)(10)~~ RULES.—The department shall adopt rules to
 145 administer this section in a manner consistent with its purpose
 146 to provide and facilitate access to appropriate, safe, and cost-
 147 effective health care services and to maintain health care
 148 quality. ~~The rules may include services to be provided and~~
 149 ~~authorized procedures.~~ Notwithstanding the requirements of
 150 paragraph (4) (d), the department shall adopt rules that specify
 151 required methods for determination and approval of patient
 152 eligibility and referral by government contractors and
 153 providers. The rules adopted by the department under this
 154 subsection shall give providers the greatest flexibility
 155 possible in order to serve eligible patients. The department
 156 shall retain review and oversight authority of the patient
 157 eligibility and referral determination ~~and the contractual~~
 158 ~~conditions under which a health care provider may perform the~~
 159 ~~patient eligibility and referral process on behalf of the~~
 160 ~~department. These rules shall include, but not be limited to,~~
 161 ~~the following requirements:~~

162 ~~(a) The provider must accept all patients referred by the~~
 163 ~~department. However, the number of patients that must be~~
 164 ~~accepted may be limited by the contract.~~

165 ~~(b) The provider shall comply with departmental rules~~
 166 ~~regarding the determination and approval of patient eligibility~~
 167 ~~and referral.~~

168 ~~(c) The provider shall complete training conducted by the~~

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169 | ~~department regarding compliance with the approved methods for~~
170 | ~~determination and approval of patient eligibility and referral.~~

171 | ~~(d) The department shall retain review and oversight~~
172 | ~~authority of the patient eligibility and referral determination.~~

173 | Section 4. This act shall take effect July 1, 2013.